

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024061

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 187

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WINDSOR</b>		c. CITY OR TOWN <b>WINDSOR</b>	
Length of stay in 1b <b>2 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESTHAVEN INC.</b>		d. STREET ADDRESS (If outside, give location) <b>304 E. FLORENCE</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>ANNA ECKHOFF</b>	4. DATE OF DEATH Month <b>JUNE</b> Day <b>27</b> Year <b>1963</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-28-1874</b>	9. AGE (last birthday) <b>88 yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSE KEEPING</b>	11. BIRTHPLACE (City and state or country) <b>COLE CAMP, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>CLAUS BORGER</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA LUTJEN</b>	14. NAME OF HUSBAND OR WIFE <b>HENRY H. ECKHOFF</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT Address <b>MRS ED BUCK WINDSOR, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardio Vascular Collapse</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>Hypertensive Arteriosclerotic Heart Disease</b> DUE TO (b) <b>3 yrs</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>7ul</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fractured by Wheel</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>WINDSOR, MO.</b>	COUNTY <b>MO.</b>	STATE <b>MO.</b>
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21. I attended the deceased from <b>6-15-62</b> to <b>6-27-63</b> and last saw her alive on <b>6-24-63</b> Death occurred at <b>6:30 p.m.</b> the date stated above, and to the best of my knowledge, from the causes stated.	22. DATE SIGNED <b>6/28/63</b>
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23a. SIGNATURE <b>Charles M. Shurber, M.D.</b>	23b. ADDRESS <b>Windsor, Mo.</b>	23c. DATE SIGNED <b>6/28/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-30-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>COLE CAMP CEMETERY</b>	23d. LOCATION (City, town, or county) <b>COLE CAMP, MO.</b>
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24. FUNERAL DIRECTOR <b>CHARLES F. FOX</b>	ADDRESS <b>COLE CAMP, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>JUNE 29-63</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Charles F. Fox*

Licensed Embalmer No.

*4610*

P. O. Address

*Pole CAMP, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.